100 Years of the Pan American Health Organization

This year we celebrate the Centennial of the Pan American Health Organization (PAHO).[1] Born in 1902 as the International Sanitary Bureau, PAHO has gone through great transformations in its hundred-year history. From a small organization dominated by the United States Public Health Service, charged with rationalizing a complex set of quarantine regulations, it has become a genuinely international body. It now serves as the regional office of the World Health Organization, running large numbers of health, sanitary, environmental, nutritional, and social development programs, and expresses a commitment to health equity: not only equitable access to public health and health services, but equity also in the social determinants of health.[2]

By 1902, when the United States was seeking trade expansion overseas, it regarded Latin America as belonging to its sphere of influence, a rich resource for raw materials, and a potentially vast market for manufactured goods. Interfering with the expansion of commerce, however, was a complicated mosaic of differing quarantine, inspection, and exclusion regulations that impeded the movement of goods.[3] The International Union of American States thus called for the creation of a sanitary bureau to draft uniform sanitary laws and regulations.

The International Sanitary Bureau, established for this purpose, consisted of 7 members, of whom 3 (the Chairman and two other members) were from the United States, with one member each from Mexico, Cuba, Costa Rica, and Chile. However, because most of the members lived at a considerable distance from Washington, and because no travel funds were provided, the Bureau never met with a sufficient number of people to constitute a quorum in the first 25 years of its existence. As a result, the policies and work of the Bureau were simply folded into the duties and responsibilities of the Chairman, who was also the Surgeon-General of the United States.[4]

In its early years the Bureau did call international conferences that allowed the region's health officials to meet periodically and exchange information and ideas.[5] By 1924, they were finally able to hammer out a uniform sanitary code and, by 1936, to get it implemented across the Americas.[6] The Bureau also worked closely with the Rockefeller Foundation on a campaign to eradicate *Aedes aegypti*, the vector of yellow fever first identified by Carlos Finlay, the great Cuban physician. Dr. Fred L. Soper, who led the eradication efforts, later became director of the renamed Pan American Sanitary Bureau.

After World War II, with the creation of the World Health Organization, an agreement was reached whereby the Bureau would serve as the WHO's regional office in the Americas, while WHO would provide funds to expand health-related activities in the hemisphere. The staff, who were still being detailed from the United States Public Health service, were withdrawn and the Bureau, now renamed the Pan American Sanitary Organization (PASO), began to hire a more international staff.

In 1958, the first Latin American Director, Dr. Abraham Horwitz of Chile, was elected and PASO changed its name to PAHO. This name change signaled a redirection of interest from sanitation and the control of communicable diseases to health more broadly defined. The organization expanded vigorously under Horwitz's direction and under his successor, Dr. Héctor R. Acuña Monteverde of Mexico. Regional health centers were established with the intention that these would study local problems and find local solutions, while also building local research capacity, rather than relying solely on research produced in and by the United States. One center for nutrition in Guatemala City, for example, produced a food supplement, Incaparina, made entirely from locally grown produce.[6] The PAHO research centers have thus tried to develop health technologies appropriate to the local needs of developing countries.

Several strategies have been pursued in recent decades to improve health throughout Latin America. The Charter of Punta del Este, adopted in 1961, urged member states to promote health as part of development, with primary care being recognized as the best way of extending needed health services to rural people and also to rapidly swelling urban populations. However, after two decades of economic growth—when the number of poor people had grown by 50%, inequalities had been exacerbated, and basic health needs were not being met—the faith that development per se would bring solutions to social and health problems faltered.[7] Another approach, especially following the eradication of smallpox, has been to focus on the eradication of a single disease, such as the eradication of poliomyelitis and the campaigns against measles and Chagas disease.[8]

Another set of approaches to problems of health and disease in the Americas, defined by the term "social medicine," emphasizes the social and economic determinants of specific population health problems.[9] In a similar vein, the current Director of PAHO, Dr. George A.O. Alleyne, argues that the major health problems of the Americas are rooted in inequities and that the problems of income inequality—the increasing gap between the rich and the poor—must be addressed if real progress is to be made.[2] He states that the challenge is to seek equity in the physical and social-ecological factors that impact on health. This defines a fittingly large, if perhaps rather daunting, future goal for the Pan American Health Organization. Commitment to it, however, would be the best guarantee that PAHO, in its second century, continues to grow both as a truly international organization, and as a regional representative of WHO and the world community it serves. ■

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References

1. U.S. celebrates PAHO centennial. Pan American Health Organization Web site. Available at http://www.paho.org; accessed July 23, 2002.

2. Alleyne GA. The challenge and prize for international health organizations in the Americas. *Salud Publica Mex.* 1997;39:480-485.

3. Wegman ME. A salute to the Pan American Health Organization. *Bull Pan Am Health Organ.* 1977;11:296-302.

4. Howard-Jones N. The Pan American Health Organization: origins and evolution. *WHO Chronicle.* 1980;34:419-426.

5. Birn AE. No more surprising than a broken pitcher? Maternal and child health in the early years of the Pan American Sanitary Bureau. *Bull Can Hist Med.* 2002;19:17-46.

6. Acuña HR. The Pan American Health Organization: 75 years of international cooperation in public health. *Public Health Reports.* 1977;92:537-544.

7. Health: a condition for development. *Bull Pan Am Health Organ.* 1992;26:469-476.

8. de Quadros CA and Henderson DA. Disease eradication and control in the Americas. *Biologicals.* 1993;21:335-343.

9. Waitzkin H, Iriart C, Estrada A, and Lamadrid S. Social medicine then and now: lessons from Latin America. *American Journal of Public Health.* 2001;91:1592-1601.